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# *The Elements of Moral Philosophy*

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JAMES RACHELS

*University of Alabama at Birmingham*

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## THE ELEMENTS OF MORAL PHILOSOPHY

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# CHAPTER 1

## *What Is Morality?*

We are discussing no small matter, but how we ought to live.

SOCRATES, as reported by PLATO in the *REPUBLIC* (ca. 390 B.C.)

### 1.1. The Problem of Definition

Moral philosophy is the attempt to achieve a systematic understanding of the nature of morality and what it requires of us—in Socrates's words, of "how we ought to live," and why. It would be helpful, therefore, if we could begin with a simple, uncontroversial definition of what morality is. But that turns out to be impossible. There are many rival theories, each expounding a different conception of what it means to live morally, and any definition that goes beyond Socrates's simple formulation is bound to offend one or another of them.

This should make us cautious, but it need not paralyze us. In this chapter I will present what I call the "minimum conception" of morality. As the name suggests, the minimum conception is a core that every moral theory should accept, at least as a starting point. We will begin by examining, in some detail, a recent moral controversy. The features of the minimum conception will emerge from our consideration of this example.

### 1.2. An Example of Moral Reasoning: Baby Jane Doe

In late 1983 there was a great public controversy over an infant known to the public only as Baby Jane Doe. This unfortu-

nate baby, born in New York State, suffered from multiple defects including spina bifida (a broken and protruding spine), hydrocephaly (excess fluid on the brain), and perhaps worst of all, microcephaly (an abnormally small head, suggesting that part of the brain was missing). Surgery was needed for the spina bifida; however, the doctors who examined the baby disagreed about whether the operation should be performed. Dr. George Newman believed that surgery would be pointless because the baby could never have a meaningful human life. Another physician, Dr. Arjen Keuskamp, did not think the baby's condition was hopeless and advocated immediate surgery. (Both were pediatric neurologists.) The parents decided to accept Dr. Newman's recommendation, and refused permission for surgery. Dr. Keuskamp then withdrew from the case.

Such decisions have become relatively common in recent years, as parents and doctors have increasingly chosen not to treat hopelessly defective newborns. As medical technology has advanced, we have developed methods of "saving" babies that in earlier times would have died, and this has raised the question of whether such methods should always be used. One doctor, Anthony Shaw, writing in the *New England Journal of Medicine* in 1973, expressed his worry like this:

Each year it becomes possible to remove yet another type of malformation from the "unsalvageable" category. All pediatric surgeons, including myself, have "triumphs"—infants who, if they had been born 25 or even five years ago, would not have been salvageable. . . . But how about the infant whose gastrointestinal tract has been removed after volvulus and infarction? Although none of us regard the insertion of a central venous catheter as a "heroic" procedure, is it right to insert a "lifeline" to feed this baby in the light of our present technology, which can support him, tethered to an infusion pump, for a maximum of one year and some months?

Dr. Shaw believed that this would be more a misuse than a use of the new technology. Similarly, the parents of Baby Jane Doe felt that aggressive treatment for their child would be pointless.

Because such cases have become common, the plight of Baby Jane Doe would not have received much attention had it not been for the intervention of third parties. Shortly after the parents made their decision, Lawrence Washburn, a lawyer associated with some conservative right-to-life groups, petitioned the courts to set aside the parents' wishes and order that the surgery be performed. The New York State Supreme Court granted that request, but a higher court quickly overturned the order, calling Washburn's suit "offensive." That court was impressed by Dr. Newman's testimony: he told the court,

The decision made by the parents is that it would be unkind to have surgery performed on this child . . . on the basis of the combination of malformations that are present in this child, she is not likely to ever achieve any meaningful interaction with her environment, nor ever achieve any interpersonal relationships, the very qualities which we consider human.

After Mr. Washburn's suit was dismissed, the federal government got into the act. The Department of Justice filed suit demanding access to the hospital's records in order to determine whether a "handicapped person"—the infant—was being discriminated against. This suit was also dismissed, with the judge declaring that the parents' decision "was a reasonable one based on due consideration of the medical options available and on a genuine concern for the best interests of the child."

The parents did eventually agree to the use of a shunt to remove the excess fluid from the child's brain. But the major surgery, for the spina bifida, was not performed.

Was the parents' decision correct? There were impressive forces on both sides. Many people, including Dr. Keuskamp, Mr. Washburn, and the Surgeon General of the United States, did not think so. They thought that everything possible should have been done to prolong Baby Jane Doe's life. Others, including Dr. Newman and most of the judges who heard the case in court, took a different view. They thought that there was no point in prolonging the infant's life. But we are interested in more than what people happen to think. We

want to know the *truth* of the matter. In fact, were the parents right or were they wrong to deny surgery to this baby?

If we want to discover the truth, we have to begin by asking what *reasons* there are for thinking that the surgery should, or should not, have been performed. What can be said to justify the parents' decision, or to justify the opposite view that what they decided was wrong? There are three main lines of reasoning to consider.

**The Benefits Argument.** Baby Jane Doe's parents made two assumptions, one about morality and one about the facts. Their moral assumption was that *they should do whatever is best for the baby*—they assumed that the decision should be made on that basis. Their other assumption was that, in fact, the baby's condition was so hopeless that the operation would do her no good.

For their understanding of the facts, they relied on Dr. Newman. The doctor told them that even with the best possible medical care the child would have extremely poor prospects. With surgery, she would have a 50–50 chance of surviving into her twenties, but she would be severely mentally retarded, paralyzed, epileptic, unable to leave her bed, without control of her bladder or bowels, and unusually vulnerable to such further diseases as meningitis. The mental retardation would be so severe that she would never even be able to recognize her parents. Then, perhaps sometime in her twenties, she would die. Without surgery, the baby would die sooner, probably within one or two years.

The conclusion suggested by this prognosis is that it would not serve the infant's own interests to prolong her life—sadly, it would do *her* no good. In addition, it is obvious that no one else's interests would be served by the surgery. Certainly it would not benefit the parents, who could look forward only to years of pointless labor, caring for a child who was deriving little advantage from it. And so, since no one would have benefited from the surgery, there is no reason why it should have been performed. Thus we are presented with this argument:

- (1) If no one would benefit from a medical treatment, then the treatment would be pointless and it need not be performed.



- (2) In the case of Baby Jane Doe no one, not even the baby herself, would have benefited from surgery.
- (3) Therefore, the surgery need not have been performed.

This was the principal argument in support of the parents' decision.

Was this a sound argument? That depends in part on whether the pessimistic estimate of the child's prospects was correct. Who was right about the baby's chances—Dr. Newman or Dr. Keuskamp? It is important to notice that *this kind of argument can go either way*. If Dr. Newman was right, then the argument supports the conclusion that the operation need not have been performed. But if Dr. Keuskamp was right, then the very same sort of reasoning—reasoning about what would benefit the baby—would lead to the opposite conclusion. It just depends on what the facts turn out to be.

The right-to-life activists who opposed the parents' decision believed that Dr. Newman was wrong; they trusted Dr. Keuskamp instead. But they did not oppose the parents' decision only for that reason. They also saw the struggle over Baby Jane Doe as part of a larger campaign involving more fundamental moral principles.

**The Argument from the Sanctity of Human Life.** One of those principles was the idea that "every human life is precious." All human life is valuable, they said, regardless of age or handicap. Thus Baby Jane Doe should have been given the surgery she needed simply for that reason.

This was the position taken by the executive branch of the federal government (although it was not shared by the judiciary). The Surgeon General, Dr. C. Everett Koop, who had been appointed to his position by Ronald Reagan because of his conservative moral views, was one of the leaders of the fight to force surgery. Speaking on television, he said: "This is a fight for a principle of this country that every life is individually and uniquely sacred." Thus we found this argument being advanced:

- (1) Every human life is individually and uniquely sacred.
- (2) Therefore, every individual, regardless of age or

handicap, should be given whatever medical treatment is needed to preserve his or her life.

- (3) Therefore, the surgery on Baby Jane Doe should have been performed.

This argument is very different from what we called The Benefits Argument. The Benefits Argument implicitly admits the possibility that some kinds of lives may be so devoid of human qualities that preserving them is pointless—the “life” of a sick, paralyzed, bedridden person, for example, who has so little cognitive capacity as to be unable to recognize members of her own family. This argument, in contrast, invokes a principle according to which *all human life has value, regardless of its quality.*

Is the principle to which this argument appeals a good one? It certainly sounds very high-minded. But on examination it turns out to be troublesome. The trouble is that the principle seems to imply that *every human being should be kept alive as long as possible*, and that is a proposition that few thoughtful people would accept. There are many cases in which everyone (or almost everyone) would agree that keeping people alive is pointless. For example, it is widely agreed that in hopeless cases of irreversible coma, people who are being artificially maintained by the use of machines may be allowed to die by “pulling the plug.” Or, to take an example closer to that of Baby Jane Doe, suppose a baby is anencephalic—born without a brain. Not even Dr. Koop believes that such a baby should be kept alive. While testifying in court, he said:

When you talk about a baby born without a brain, I suspect you mean an anencephalic child and we would not attempt to interfere with anyone dealing with that child. We think it should be given loving attention and would expect it to expire in a short time.

Thus not even Dr. Koop would accept the principle, once its implications are made clear.

**The Argument from the Wrongness of Discriminating Against the Handicapped.** There is an additional argument that was



used by those who disagreed with the parents' decision. From a legal point of view, the government's intrusion into the case was based on the idea that she was a "handicapped person" and that failure to provide surgery was, therefore, unacceptable discrimination against the handicapped. In seeking access to the hospital records, government lawyers cited Section 504 of the Rehabilitation Act of 1973, which states that "no otherwise qualified handicapped individual shall, solely by reason of handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Since virtually every hospital in the United States receives federal financial assistance, this rule applies to them. In his public defense of the government's intervention, Dr. Koop emphasized the importance of this point: he said repeatedly that the child should not be denied medical treatment *merely because she is handicapped*. Thus he suggested this line of reasoning:

- (1) It is wrong to discriminate against handicapped people.
- (2) There is no doubt that Baby Jane Doe was terribly handicapped and that her parents, with the support of Dr. Newman, were denying her treatment precisely *because* of her handicaps; if she had been a "normal" child needing surgery, it would surely have been provided.
- (3) Therefore, the parents' decision was wrong. The surgery should have been performed.

Is this a sound argument?

Discrimination against the handicapped is, of course, objectionable, for the very same reason that discrimination against any group is objectionable. Suppose a blind person is refused a certain job, simply because the employer doesn't like the idea of employing someone who can't see. This is no better than refusing to employ people because they are black or Jewish. To point up the offensiveness of this, we may ask *why* this person is being treated differently. Is he less able to do the job? Is he more stupid or less industrious? Does he

somehow deserve the job less? Is he less able to benefit from employment? If there is no good reason for excluding him, then it is simply arbitrary to treat him in this way.

At the same time, there are *some* circumstances in which treating the handicapped differently may be justified. For example, no one would argue seriously that a blind person should be employed as an air traffic controller. Because we can easily explain why this is not desirable, the "discrimination" is not arbitrary, and it is not a violation of the handicapped person's rights.

The question to be asked about Baby Jane Doe, then, is whether a good reason can be given why, considering her "handicap," the surgery should not have been performed. And this brings us back to the matter of the infant's prospects. Dr. Newman testified that "on the basis of the combination of malformations that are present in this child, she is not likely to ever achieve any meaningful interaction with her environment, nor ever achieve any interpersonal relationships, the very qualities which we consider human." If this were so, it would not be "discriminating against her" not to perform the surgery, because there would be no good reason to do it. There is nothing arbitrary about the denial of a treatment that would do the patient no good.

**Conclusion.** We are now in a position to state some general conclusions about these three arguments.

The Benefits Argument, which takes the question of whether the baby would benefit to be the central issue, seems to be on the right track. The other arguments turn out on analysis to be less impressive. The principle of the sanctity of life, although it has a noble sound, looks like a red herring. When the implications of that principle are made clear, it seems unacceptable. And the argument that refusing surgery is "discriminating against the handicapped" only collapses back into the question of whether the surgery would actually be helpful. Our overall conclusion, then, is that whether the surgery should have been performed just depends on whether it really would have helped the baby. It is The Benefits Argument that identifies the relevant issue.

But if this is the relevant issue, we must return finally to

the question of who was right about the infant's prospects—Dr. Newman or Dr. Keuskamp? The parents accepted Dr. Newman's bleak estimate of the baby's future. At the time they had to make their decision, they could not know for certain whether he was right. But now several years have passed and we can, with the benefit of hindsight, answer this question more definitively. As it turns out, Dr. Keuskamp was right. Although the surgery for spina bifida was not performed, Baby Jane Doe did not die. She went home with her parents and five years later she was talking, attending a school for the handicapped (using a wheelchair), and generally doing much better than was expected.

The parents' decision was, therefore, incorrect. Their method of reasoning was sound, but the "facts" on which they relied turned out to be mistaken. However, we should be careful not to infer too much from this. In the first place, this does not mean that the parents were irresponsible or that they are to be blamed. At the time they made their decision, they did not have the benefit of knowing what we know now. They were in a common predicament: often we have to make decisions when all the facts cannot be known with certainty. In such cases we have no choice but to rely on the best information we have, and when we are not experts ourselves, this means deciding which experts to trust. Second, this does not mean that other parents, in other circumstances, would be wrong to make the same decision. Other cases might have a less happy ending. Unfortunately, pessimistic assessments are sometimes correct.

### 1.3. Reason and Impartiality

What can we learn from all this about the nature of morality? As a start, we may note two main points: first, that moral judgments must be backed by good reasons; and second, that morality requires the impartial consideration of each individual's interests.

**Morality and Reason.** The case of Baby Jane Doe, like many others to be discussed in this book, is liable to arouse strong feelings. Such feelings are often a sign of moral seriousness

and so may be admired. But they can also be an impediment to discovering the truth: when we feel strongly about an issue, it is tempting to assume that we just *know* what the truth must be, without even having to consider the arguments on the other side. Unfortunately, however, we cannot rely on our feelings, no matter how powerful they may be. In the first place, they may be irrational: they may be nothing but the products of prejudice, selfishness, or cultural conditioning. (At one time, for example, people's "feelings" told them that members of other races were inferior and that slavery was God's own plan.) Another problem is that different people's feelings often tell them exactly opposite things: in the case of Baby Jane Doe, some people feel very strongly that the surgery should have been performed whereas others feel equally strongly that it should not have been performed. But both these feelings cannot be correct.

Thus if we want to discover the truth, we must try to let our feelings be guided as much as possible by the reasons, or arguments, that can be given for the opposing views. Morality is, first and foremost, a matter of consulting reason: the morally right thing to do, in any circumstance, is determined by what there are the best reasons for doing.

This is not a point that applies only to a narrow range of moral views; it is a general requirement of logic that must be accepted by everyone regardless of their position on any particular moral issue. The fundamental point may be stated very simply. Suppose someone says that you ought to do thus-and-so (or that doing thus-and-so would be wrong). You may legitimately ask *why* you should do it (or why it would be wrong), and if no good reason can be given, you may reject the advice as arbitrary or unfounded.

In this way, moral judgments are different from mere expressions of personal taste. If someone says "I like coffee," he does not need to have a reason—he is merely making a statement about himself, and nothing more. There is no such thing as "rationally defending" one's like or dislike of coffee, and so there is no arguing about it. So long as he is accurately reporting his tastes, what he says must be true. Moreover, there is no implication that anyone else should feel the same way; if everyone else in the world hates coffee, it doesn't mat-

ter. On the other hand, if someone says that something is *morally wrong*, he does need reasons, and if his reasons are sound, other people must acknowledge their force. But if he has no good reason for what he says, he is just making noise and we need pay him no attention.

Of course, not every reason that may be advanced is a *good* reason. There are bad arguments as well as good ones; and much of the skill of moral thinking consists in discerning the difference. But how does one tell the difference? How are we to go about assessing arguments? The example of Baby Jane Doe illustrates some of the most pertinent points.

The first thing is to get one's facts straight. Often this is not as easy as it sounds. One source of difficulty is that the "facts" are sometimes hard to ascertain—matters may be so complex and difficult that not even the experts can agree about what the facts are. As we saw, in the case of Baby Jane Doe the experts disagreed, and as a result the right thing to do was never very clear.

Another source of difficulty is human prejudice. Often we will *want* to believe some version of the facts merely because it supports our preconceptions. The case of Baby Jane Doe also illustrates this phenomenon. During the public controversy over this case, those who were predisposed to accept a "sanctity of life" ethic tended to accept Dr. Keuskamp's view of the facts, while those who took a more liberal moral position tended to believe Dr. Newman. (It is possible that even the two doctors were motivated to some extent by differing moral outlooks.) It is easy to think of other examples of the same sort: people who do not want to give money to charity often say that charitable organizations are wasteful, even when they have no very good evidence for this; and people who dislike homosexuals say that gay people include a disproportionate number of child molesters, despite evidence to the contrary. But the facts exist independently of our wishes, and responsible moral thinking begins when we try to see things as they are.

After the facts have been established, as well as they can be, moral principles are brought into play. In our discussion of Baby Jane Doe, three principles were involved: first, that we should do what will benefit the people affected by our actions;



second, that "every life is individually and uniquely sacred"; and third, that it is wrong to discriminate against the handicapped. Most moral arguments consist of principles being applied to the facts of particular cases, and so the obvious questions to be asked are whether the principles are sound and whether they are being intelligently applied. In assessing the arguments about Baby Jane Doe, we saw that there were various ways that such arguments can go wrong. Each argument was defective, but each in a different way.

It would be convenient if there were a simple recipe for constructing good arguments and avoiding bad ones. Unfortunately, however, there is no simple method available. Arguments can go wrong in an indefinite number of ways, and one must always stay alert to the possibility of new kinds of error. But that is not surprising. The rote application of routine methods is never a satisfactory substitute for critical intelligence, in any area. Moral thinking is no exception.

**The Requirement of Impartiality.** Almost every important theory of morality includes the idea of impartiality. The basic idea is that each individual's interests are equally important: from within the moral point of view, there are no "privileged" persons; everyone's life has the same value. Therefore, none of us can regard ourselves as having special importance. We must acknowledge that other people's welfare is just as important as our own. At the same time, the requirement of impartiality rules out any scheme that treats the members of disadvantaged *groups* as somehow morally inferior—as blacks, Jews, and others have at various times been treated.

The requirement of impartiality is closely connected with the point that moral judgments must be backed by good reasons. Consider the position of a white racist who holds, for example, that it is right for the best jobs in society to be reserved for white people. He is happy with a situation in which almost all the major corporation executives, government officials, and so on, are white, while blacks are limited mostly to menial jobs, and he supports the social arrangements by which this situation is maintained. Now we can ask for reasons; we can ask *why* this is thought to be right. Is there something about white people that makes them better fitted for the highest-



paying and most prestigious positions? Are they inherently brighter or more industrious? Do they care more about themselves and their families? Are they capable of benefiting more from the availability of such positions? In each case, the answer seems to be no—and if there is no good reason for treating people differently, discrimination is unacceptably arbitrary.

Moreover, even if there were some important general difference between whites and blacks, it would still be possible that this difference did not exist in the case of many *individual* white people and black people. For instance, even if it were true (and I am not saying it is true) that whites were generally smarter than blacks, it could still be true that many individual blacks are smarter than many individual whites, and so the general difference would provide no reason for discriminating against those individuals.

The requirement of impartiality, then, is at bottom nothing more than a proscription against arbitrariness in dealing with people; it is a rule that forbids us from treating one person differently from another *when there is no good reason to do so*. But if this explains what is wrong with racism, it also explains why, in some special kinds of cases, it is *not* racist to treat people differently. Suppose a film director were making a movie about the life of Martin Luther King, Jr. He would have a perfectly good reason for ruling out Paul Newman, or any other white actor, for the starring role—obviously, such casting would make no sense. Because there would be a good reason for it, the director's "discrimination" would not be arbitrary and so would not be liable to criticism.

#### 1.4. The Minimum Conception of Morality

The minimum conception may now be stated very briefly: morality is, at the very least, the effort to guide one's conduct by reason—that is, to do what there are the best reasons for doing—while giving equal weight to the interests of each individual who will be affected by one's conduct.

This gives us, among other things, a picture of what it means to be a conscientious moral agent. The conscientious moral agent is someone who is concerned impartially with the

interests of everyone affected by what he or she does; who carefully sifts facts and examines their implications; who accepts principles of conduct only after scrutinizing them to make sure they are sound; who is willing to "listen to reason" even when it means that his or her earlier convictions may have to be revised; and who, finally, is willing to act on the results of this deliberation.

Of course, as one might expect, not *every* important theory accepts this "minimum"—as we shall see, this picture of the moral agent has been disputed in various ways. However, theories that reject the minimum conception encounter serious difficulties because they do. Most philosophers have realized this, and so most theories of morality incorporate the minimum conception, in one form or another. They disagree not about the minimum but about how it should be expanded, and perhaps modified, in order to achieve a fully satisfying account.